



King County Superior Court
516 Third Ave – Rm C-912
Seattle, WA 98104
(206) 296-9100

APPLICATION FOR EMPLOYMENT

(Please type or print with black ink)

Complete all sections. Failure to do so may result in the rejection of your application. Statements such as "see resume" do not substitute for completing any portion of the application.

POSITION APPLIED FOR

DATE OF APPLICATION

TYPE OF EMPLOYMENT DESIRED

☐ Full-time

☐ Part-time

☐ Temporary

DATE AVAILABLE FOR WORK

Date Received

How did you learn of this position (ex. Relative, friend, radio station, newspaper etc.)?

Be specific:

LAST NAME

FIRST NAME

MIDDLE NAME

HOME TELEPHONE

()

STREET ADDRESS

CITY

STATE

ZIP CODE

DAY TELEPHONE

()

E-MAIL

ARE YOU 18 YEARS OR OLDER?

☐ Yes

☐ No

MAY WE CONTACT YOU AT WORK?

☐ Yes

☐ No

HAVE YOU EVER BEEN EMPLOYED BY KING COUNTY SUPERIOR COURT?

☐ Yes

☐ No

DO YOU HAVE ANY RELATIVES EMPLOYED BY KING COUNTY SUPERIOR COURT?

☐ Yes

☐ No

IF YES, NAME AND RELATIONSHIP?

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES, EITHER BECAUSE YOU ARE A U.S. CITIZEN OR BECAUSE YOUR VISA OR IMMIGRATION STATUS AUTHORIZES LEGAL EMPLOYMENT IN THE U.S.?

☐ Yes

☐ No

Have you ever been convicted of a crime, pled guilty, or been released from prison within the past seven (7) years?

☐ Yes

☐ No

If Yes, indicate date and nature of the offense:

(A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT)

EDUCATION

High School

Location (City/State)

Graduate/GED

☐ Yes

☐ No

College or University

Location (City/State)

Degree Conferred

Major

Credit
Hours

Dates Attended

From

To

List (below) any vocational or on-the-job training you have completed which would be relevant to the position you are applying for, also include dates.

From

To

From

To

Other valid professional
licenses and certifications
you hold.

Type of license

Issuing State

Registration No.

Expiration Date

Failure to provide complete information on this application and subsequent materials could delay processing of your application and/or disqualify you from consideration. This application will be used for this job announcement only. A separate application is needed for each job posting.

EXPERIENCE

This section must be completed in detail. A resume will not substitute for a completed application form. List all work experience for at least the last 10 years, starting with your most recent job. In addition, list any earlier work experience you believe relates to the position for which you are applying. If more than one position has been held with the same employer, list each separately. Include any relevant military experience that relates to the position for which you are applying. Under "Primary Duties" describe your job tasks in sufficient detail so that not only your tasks, but your level of responsibility can be determined. If you require additional space, attach a separate sheet using the same format.

EMPLOYMENT HISTORY

From (Month & Year)	Present Position Title	Employer's Name		Telephone Number ()	
To (Month & Year)	Employer's Street Address	City		State	Zip
Total Months Worked		Supervisor's Name			Supervisor's Telephone ()
Hours Worked each Week	Starting Salary \$	Present or Last Day Salary \$	Reason For Leaving or Considering Change:		
Number of Employees Supervised by You:		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary Duties:					

From (Month & Year)	Title of Position You Held Before The Above	Employer's Name		Telephone Number ()	
To (Month & Year)	Employer's Street Address	City		State	Zip
Total Months Worked		Supervisor's Name			Supervisor's Telephone ()
Hours Worked each Week	Last Salary \$	Reason For Leaving or Considering Change:			
Number of Employees Supervised by You:					
Primary Duties:					

From (Month & Year)	Title of Position You Held Before The Above	Employer's Name		Telephone Number ()	
To (Month & Year)	Employer's Street Address	City		State	Zip
Total Months Worked		Supervisor's Name			Supervisor's Telephone ()
Hours Worked each Week	Last Salary \$	Reason For Leaving or Considering Change:			
Number of Employees Supervised by You:					
Primary Duties:					

From (Month & Year)	Title of Position You Held Before The Above	Employer's Name	Telephone Number ()	
To (Month & Year)	Employer's Street Address	City	State	Zip
Total Months Worked	Supervisor's Name		Supervisor's Telephone ()	
Hours Worked each Week	Last Salary \$	Reason For Leaving or Considering Change:		
Number of Employees Supervised by You:				
Primary Duties:				

Reference Authorization: I authorize King County Superior Court to contact the following three professional references.

NAME	TITLE	ORGANIZATION	TELEPHONE
			()
			()
			()

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give King County Superior Court the right to investigate all references, and to secure additional information about me, including a criminal record check. I hereby release from liability King County Superior Court and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

SIGNATURE OF APPLICANT	DATE
X	

Voluntary Affirmative Action Questionnaire

King County Superior Court is an equal opportunity employer and shall carry out federal, state, and local laws and regulations prohibiting discrimination in employment on the basis of age, race, color, creed, religion, national origin, sex, sexual orientation, marital status, or the presence of a sensory, mental, or physical handicap or disability.

For the purposes of effectively implementing the King County Superior Court's Affirmative Action Plan, we would appreciate your providing the information below. This is entirely voluntary and will remain confidential.

<p>PLEASE CHECK THE SEX AND RACIAL/ETHNIC GROUP WITH WHICH YOU IDENTIFY:</p> <p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> I CHOOSE NOT TO IDENTIFY <input type="checkbox"/> CAUCASIAN <input type="checkbox"/> ASIAN / PACIFIC ISLANDER <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE <input type="checkbox"/> OTHER </p>	
<p>WILL YOU NEED SPECIAL EQUIPMENT OR HELP IN THE TESTING PROCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>IF YES, PLEASE EXPLAIN:</p>	
SIGNATURE OF APPLICANT	DATE
X	